

GIFTED AND TALENTED NOMINATIONS

USE ONLY FOR STUDENTS IN GRADES 3-11

Academically Gifted and Talented Program

Charleston County School District

Phone: (843) 402-7836 Fax: (843) 402-7835

This form is to be completed by any person who wishes to nominate a student for gifted and talented identification. G&T identification is served through SAIL (elementary) or GT/HONORS (secondary). There is no need to nominate a student who is already identified and being served in these programs. This nomination may be completed online at our website: <https://www.ccsdschools.com/Page/1458> **OR** by filling out this paper form.

NOMINATED STUDENT INFORMATION

Current grade level _____
Grades 3-11 only

Check here if this is the student's first
year enrolled in CCSD _____

Student's Last Name First Name (legal) MI

Student ID # School Name Date of Birth

Best Contact Number Best Email Address

NOMINATED BY

First Name Last Name Date

Relationship to student: (*check one*) _____Teacher _____Parent/Guardian _____Self
_____Friend (Student) _____Administrator/Guidance

Nominators - Please send completed nomination form to
the gifted and talented teacher at your school or the school
office
by **November 1st**

